



Hospital Annual Survey

As you are aware, the National Palliative Care Registry™ partnered with PCQN and GPCQA to form a new unified national palliative care registry housed a new nonprofit organization called the Palliative Care Quality Collaborative (PCQC). For programs that previously contributed data to the National Palliative Care Registry™, your historical data is saved in PCQC's registry and you will now complete your annual surveys within the PCQC registry. Thank you for your continued contributions.

The annual program-level surveys provide actionable data that programs can use to secure, expand and retain resources for delivery of high-quality palliative care, and to support the establishment of new palliative care programs where none exist. Data is collected on all service settings across the continuum of care, including hospital, long-term care, office/clinic, and home-based palliative care.

With the move to PCQC, we took this opportunity to review and refine our surveys to align with best practices. The following pages show the inpatient survey questions for 2020.

If you have any questions, please email us at info@palliativequality.org

Additional information can be found at our website, www.palliativequality.org.

NOTE: Questions followed by an asterisk (*) are required and must be answered before the survey can be saved or submitted.

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I. Hospital Program Level

The questions in the Hospital Setting survey can be answered the same if you provide palliative care in one or multiple hospitals. After completing the Hospital Setting Survey below, tabs for the Hospital Site Survey will appear, as well as a Staffing Survey. The site and staffing surveys are to be completed for each of the hospitals where you provide care. Please continue to the Hospital Site(s) and Staffing survey(s) after completing and saving this page.

Note - if the program you are submitting data for does not provide care in a hospital setting the hospital site and staffing surveys will not appear. If this is an error and your program does provide care in hospital settings, you need to go back to your program profile to associate your program with hospital sites and enable the hospital surveys.

1. Name of your Palliative Care Program*: _____
You will select from a drop-down list of programs associated with your account.

2. Survey Year*: _____
Please select the survey year you are entering responses for. Surveys can only be filled out for prior years. New survey years will become available at the start of each year. For example, the survey for 2020 data is completed in 2021.

3. Does your inpatient palliative care program have a formal, written plan in place in the following categories?* (Check all that apply)
 - a. Marketing Plan
 - b. Bereavement Plan
 - c. Education Plan
 - d. Team Wellness Plan
 - e. Quality Improvement Plan
 - f. Strategic Business Plan
 - g. Multi-year Budget Plan
 - h. Staff Orientation Plan
 - i. Opioid Prescribing Plan
 - j. None of the above plans
 - **Marketing Plan:** The marketing plan describes how the palliative care program will promote services to appropriate audiences and position, promote, and communicate effectively over time.
 - **Bereavement Plan:** The bereavement plan describes how the palliative care program will assist the patients' family members during the period of transition before and following the death of their loved one.
 - **Education Plan:** Educational activities are offered to palliative care team members to help improve the quality of care provided to patients and their families.
 - **Team Wellness Plan:** Common examples of team wellness activities are team retreats, regularly scheduled patient debriefing exercises, relaxation-exercise training, and individual referral for staff counseling.
 - **Quality Improvement Plan:** a plan or template put in place to help guide quality improvement activities within your palliative care program

- **Strategic Business Plan:** Business planning is necessary for growth and success. Strategic business plans are an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy.
- **Multi-year Budget Plan:** A multi-year budget plan covers expected expenditures and revenue over the next few years. Multi-year budget plans can help improve financial management, strategic planning, program evaluation, link to operating activities, and identify imbalances between revenues and expenditures.
- **Staff Orientation Plan:** a plan put in place that outlines policies, procedures, educational requirements, and any other topics that must be reviewed with new staff members
- **Opioid Prescribing Policy:** a written policy to outline best practices for responsible opioid prescribing.

4. When considering your team's total workload, how concerned are you that your team is at risk for burnout if current workload requirements continue?
- a. Not at all concerned
 - b. Slightly concerned
 - c. Somewhat concerned
 - d. Moderately concerned
 - e. Extremely concerned

Please use your best judgement to select the answer that best represents your palliative care program's risk for burnout based on the workload reported during the reporting period.

5. Does your palliative care program utilize an Electronic Health Record (EHR)?
- a. No
 - b. Yes

An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

- 5A. Does your EHR (if yes in the prior question) alert your patients' other healthcare providers of the involvement of palliative care?
- a. Yes (or have a similar functionality)
 - b. No, but the functionality is available
 - c. No, but the functionality is not currently available

Select the response that most accurately represents your EHR and its ability to inform your palliative care patients' other healthcare providers of their care.

6. Do your clinicians participate in the following academic pursuits? Check all that apply.
- a. Education and training of other clinicians
 - b. Research
 - c. Submitting publications
 - d. Presenting in national, regional, or local conferences
 - e. Garnering outside funding sources: individual donors and grants
 - f. Garnering outside funding sources: federal research funding
 - g. Local, regional, or national leadership involvement in professional organizations
 - h. Other, specify: _____
 - i. None of the above

Clinicians on your team refer to physicians, physician assistants and nurses. Please check all that apply to the clinicians on your palliative care team.

7. Does your palliative care program participate in the structured education of any of the following healthcare professionals? Check all that apply.
- a. Fellowship training in HPM for board-certified/ board eligible physicians
 - b. Medical Students
 - c. Medical Residents
 - d. Non-HPM Fellows
 - e. Nurse Practitioners
 - f. NP Fellows
 - g. Nurses (RNs)
 - h. Nursing Students
 - i. Social Workers
 - j. Social Work Students
 - k. Chaplains
 - l. Spiritual Care Students
 - m. Child Life Specialists
 - n. Expressive Therapists
 - o. Allied Health Professionals (Dieticians, Rehab Personnel, Pharmacists)
 - p. Other, specify: _____
 - q. None of the Above

Structured education refers to focused educational initiatives such as scheduled didactics and options to spend time with the team (clinical rotations or internships). Do not include bedside or “on-the fly” teaching. HPM stands for Hospice and Palliative Medicine.

8. Do you track patient/family satisfaction?*
- a. No
 - b. Yes

Does your palliative care program currently measure or track patient and family satisfaction with the care your team provides?

II. Hospital Site Level

These questions need to be answered **for each hospital** where your palliative care program provides services. Start the process by clicking on “Add Row” and selecting the hospital you want to submit data on. After completing and saving the hospital site survey, please repeat the process by adding additional rows (i.e., surveys) for the other hospital sites that are part of your palliative care program. After all hospital surveys are entered continue to the Staffing survey tab.

Note - if one of your hospital sites does not appear in the list, you must go back to the Program Profile and Site List to appropriately affiliate the hospital with your program.

9. Name of your Hospital Site*: _____
You will select from a drop-down list of hospital sites associated with your account.

10. Is your program primarily a pediatric palliative care program?*

- a. No
- b. Yes

Please select "yes" if your program identifies as a pediatric palliative care program and primarily sees children and infants. Pediatric programs may also see young adults over the age of 18 or other patient populations, but still consider themselves to be a pediatric palliative care program. By selecting "yes," your survey will display appropriate pediatric questions and answer categories. Additionally, your program will only be compared to other pediatric palliative care programs in the comparative reports on your dashboard.

11. Is your palliative care program reporting on a full 12 months of data (either calendar year or fiscal year?)*

- a. No
- b. Yes

Data from palliative care programs that are less than one year old can be still submitted. Please report your data accurately for that time period. For example, if your program was operational for only 3 months, then report the data for the actual 3-month period. Do not provide estimates for the entire year based on your 3-month performance.

11A. If not, how many months of data are you reporting?* _____

12. In what year was your palliative care program established at this hospital site?* _____

Please select the year that your palliative care program was established at this specific hospital site. If your program was established in 2008 but did not begin providing palliative care at this specific hospital until 2010, then enter 2010. If your program was starting in 2009 but did not start providing palliative care consults until 2010, then enter 2010.

13. How many initial palliative care consults did your inpatient palliative care program provide during the reporting period at this location? * _____

Please provide the total number of inpatient palliative care consults based on new orders written during the reporting period. Do not include consults for observation beds or in the emergency department (ED). Example: If a patient is admitted 3 times during the reporting period and has a consult order for palliative care written each time, this patient would count as 3 initial consults for this question.

14. How many billable follow-up or subsequent visits did your inpatient palliative care program provide during the reporting period? _____

Subsequent visits (or follow-up visits) are visits for a patient after the initial consult, but during the same admission. Only include billable visits provided by a physician (MD/DO), advanced practice registered nurse (APRN), or physician assistant (PA).

15. What is the ownership or tax status of the hospital?*

- a. Public
- b. Not-for-profit
- c. For-profit

Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital.

- **For-profit** (investor-owned): Individual, Partnership, Corporation
- **Not-for-profit**: Church operated or other not-for-profit

- **Public:** Government/Non Federal (State, County, City-county, Hospital district or authority) or Government/Federal (Air Force, Army, Navy, Veterans Affairs, Public Health Indian Service, Department of Justice or any other Public Health Service or Federal organization)

16. Is this hospital located in an urban, suburban, or rural area?*

- Urban
- Suburban
- Rural

Please select the answer that best represents the location of your hospital.

17. Is this hospital a teaching hospital?*

- No
- Yes

- **Major Teaching Hospitals:** those with Council of Teaching Hospitals designation (COTH).
- **Minor Teaching Hospitals:** those Approved to participate in residency and/or internship training by the Accreditation Council for Graduate Medical Education (ACGME), or American Osteopathic Association (AOA); or those with medical school affiliation reported to the American Medical Association.
- **Non Teaching Hospitals:** those without COTH, ACGME, AOA or Medical School (AMA) affiliation.

18. Is this hospital a children's hospital?*

- Yes- Freestanding children's hospital
- Yes- Embedded children's hospital within a general hospital
- No- Pediatric ward in a general hospital
- No- No specific pediatric ward

A children's hospital is a hospital which restricts admissions primarily to children.

19. Please indicate which age groups comprised your palliative care consultations during the reporting period.*

- Prenatal (before birth)
- Neonatal (birth to one month)
- Infant (29 days to 11 months)
- Children (12 months to 12 years)
- Adolescent (13 to 17 years)
- Young Adult (18 to 25 years)
- Adult (26 to 64 years)
- Older Adult (65 years and older)

Please select all ages served by your palliative care program during the reporting period.

20. Does this hospital participate in value-based payment arrangements?

- No
- Yes
- I don't know

Please indicate if during the reporting period your palliative care program or larger hospital participated in alternative payments like shared savings/risk arrangements, bundled payments, or population-based reimbursements.

21. Total number of annual hospital admissions during the reporting period?* _____

The number of patients, excluding newborns, accepted for inpatient service during the reporting period; the number includes patients who visit the emergency room and are later admitted for inpatient service. Patients seen only while in observation or in the Emergency Department, should be excluded from the total number of hospital admissions.

22. Total number of hospital beds (set up and staffed for use)?* _____

The number of beds regularly maintained (set up and staffed for use) for inpatients as of the close of the reporting period. Should exclude newborn bassinets and long-term care beds. For Pediatric Programs: Please limit total beds to the total number of pediatric beds and neonatal beds at your facility.

23. How are DNR or code statuses organized at this hospital?

- a. Full Code and DNR only
- b. Full Code, some form of Partial Code, and DNR

Resuscitation preference refers to the formally indicated status of the patient at the time of the visit, with respect to desire for resuscitative efforts. Indicate which types of code statuses are available in this hospital.

Full: Patient preference is to receive all available resuscitative efforts including chest compressions, cardioversion and intubation.

Partial Code: a combination of resuscitative preferences. For example, patient preference is to not receive any resuscitative efforts if they have no pulse but would prefer to sustain life with intubation. Or, patient preference is to receive full resuscitative efforts with certain procedure-specific exceptions, such as chest compressions or cardioversion, and goal-specific exceptions, such as when adverse clinical events are believed to be both temporary and reversible.

DNR/DNI (DNAR+AND): Patient preference is to not receive any resuscitative efforts if they have no pulse and/or insufficient respirations to sustain life without intubation; would prefer to allow natural death.

24. Does your palliative care program utilize standardized screening criteria (triggers) to identify patients with palliative care needs?*

- a. No
- b. Yes

Palliative care triggers, screening criteria, or checklists can help identify patients with unmet palliative care needs in the hospital.

24A. If you do have a trigger, is it embedded in your hospital's Electronic Health Record (EHR)?*

- a. No
- b. Yes

Indicate whether or not your screening criteria or trigger is integrated into your hospital's Electronic Health Record (EHR).

25. When is your palliative care program available for patients and families (in-person, by phone, or telehealth services)?*

- a. Weekday, days
- b. Weekday, evenings
- c. Weekday, nights
- d. Weekend, days
- e. Weekend, evenings
- f. Weekend, nights

Please indicate which times you provide coverage for patients and their families. Coverage can include in-person, telephone, and/or telehealth access.

26. When is your palliative care program available for referring providers and colleagues (in-person, by phone, or telehealth services)?*
- a. Weekday, days
 - b. Weekday, evenings
 - c. Weekday, nights
 - d. Weekend, days
 - e. Weekend, evenings
 - f. Weekend, nights

Please indicate which times you provide coverage for referring providers and other colleagues. Coverage can include in-person, telephone, and/or telehealth access.

27. Please provide a breakdown of your program’s initial palliative care consults by referring specialty. Provide the total number of annual inpatient initial consults referred from the outlined physician specialties. The sum of all categories should equal the total number of initial consults reported during the reporting period. If you received referrals from another type of specialist(s), add that information in the “other” option. If you do not track this information or are not able to access it, please check off “I cannot answer this question.”

- a. General Medicine _____
- b. Hospital Medicine _____
- c. Oncology (includes medical oncology, hem-onc, radiation oncology, surgical oncology) _____
- d. Hematology _____
- e. Cardiology _____
- f. Neurology _____
- g. Pulmonary _____
- h. Critical Care (includes MICU, SICU, TICU, CICU, Neuro ICU) _____
- i. Pediatric Critical Care (includes PICU, CICU) _____
- j. Neonatal Critical Care (NICU) _____
- k. Other Internal Medicine or pediatric subspecialty (e.g., GI, Nephrology, Rheumatology, Geriatrics) _____
- l. OB/GYN and Mother- Fetal Medicine _____
- m. Self (Palliative Care Team) _____
- n. Surgical Specialties _____
- o. Emergency Medicine _____
- p. Other, please specify _____
- I cannot answer this question

28. Please provide a breakdown of your programs initial palliative care consults by the patient’s age. Provide the age distribution for inpatient initial palliative care consults during the reporting period. The sum should equal the total number of initial consults reported during the reporting period. If you do not track this information or are not able to access it, please check off “I cannot answer this question.”

<u>Age Group</u>	<u>Number of Initial Consults</u>
a. pediatric (less than 18)	_____

- a. Prenatal (before birth) _____
- ii. Neonate (birth to 28 days) _____
- iii. Infant (29 days to 11 months) _____
- iv. Children (12 months to 12 years) _____
- v. Adolescents (13 to 17 years) _____
- b. Young Adults (18 to 25 years) _____
- c. Adults (26 years and older) _____
 - i. 26 to 64 years _____
 - ii. 65 years or older _____
- I cannot answer this question

29. Please provide a breakdown of your program's initial palliative care consults by the patient's stated gender identity. Indicate the number of patients, by their gender identity that were seen by your palliative care program during the reporting period. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

<u>Gender Identity</u>	<u>Number of Initial Consults</u>
a. Male	_____
b. Female	_____
c. Transgender Male	_____
d. Transgender Female	_____
e. Nonbinary	_____
f. Other	_____
g. Not Disclosed	_____
h. Unknown	_____
<input type="checkbox"/> I cannot answer this question	

30. Please provide a breakdown of your program's initial palliative care consults by the patient's primary diagnosis category. Provide the total number of initial consults in the disease/diagnostic groups. These should represent the underlying or primary diagnosis category. The sum of all primary category responses should equal the total number of initial consults reported during the reporting period. Secondary categories are not required, but if available, should add up to the total number in the primary category. If you do not track this information or are not able to access it, please check off "I cannot answer this question."

<u>Primary Diagnosis Category</u>	<u>Number of Initial Consults</u>
a. Cancer	_____
1. Cancer (Solid Tumor)	_____
2. Cancer (Heme)	_____
b. Cardiovascular	_____
c. Pulmonary	_____
d. Gastrointestinal	_____
e. Hepatology	_____
f. Renal	_____
g. Dementia	_____
h. Neurology (includes Neuromuscular or non-dementia Neurodegenerative)	_____
i. Infectious	_____

- j. Trauma _____
- k. Vascular _____
- l. Metabolic/Endocrine _____
- m. Genetic/Chromosomal _____
- n. Hematology (non-cancer) _____
- o. Prematurity/Complications Related to Prematurity _____
- p. Fetal _____
- q. Other _____
- I cannot answer this question

31. Please provide a breakdown of your program’s initial palliative care consults by the patient’s primary race. Provide the race distribution for inpatient initial palliative care consults during the reporting period. The sum of all categories should equal the total number of initial consults reported during the reporting period. If you do not track this information or are not able to access it, please check off “I cannot answer this question.”

<u>Patient’s Primary Race</u>	<u>Number of Initial Consults</u>
a. White	_____
b. Black	_____
c. Asian	_____
d. Pacific Islander	_____
e. Native American	_____
f. Other	_____
g. Not Reported	_____
h. Unknown	_____
<input type="checkbox"/> I cannot answer this question	

32. Please provide a breakdown of your program’s initial palliative care consults by the patient’s primary ethnicity. Provide the ethnicity distribution for inpatient initial palliative care consults during the reporting period. The sum of all categories should equal the total number of initial consults reported during the reporting period. If you do not track this information or are not able to access it, please check off “I cannot answer this question.”

<u>Patient’s Ethnicity</u>	<u>Number of Initial Consults</u>
a. Ethnicity Hispanic	_____
b. Ethnicity Non-Hispanic	_____
c. Unknown	_____
<input type="checkbox"/> I cannot answer this question	

33. Please provide a breakdown of your program’s initial palliative care consults by the patient’s discharge disposition or location. Answers should reflect discharge from the hospital, not discharge from the palliative care service. If a patient was not discharged from the hospital during the reporting period and remained in the hospital, please include them in the last option “Not discharged from the hospital”. The sum of all categories should equal the total number of initial consults reported during the reporting period.

<u>Patient’s Discharge Disposition</u>	<u>Number of Initial Consults</u>
a. Home without Hospice	_____

- b. Home with Hospice _____
- c. Hospice: Health Care Facility _____
- d. Acute Care Facility _____
- e. Other Health Care Facility _____
- f. Expired _____
- g. Left Against Medical Advice _____
- h. Not Documented/ Unable to Determine _____
- i. Not Discharged from Hospital (during reporting period) _____
- I cannot answer this question

- **Home:** Assisted living facilities and assisted living care at other health care facilities; Court/Law Enforcement - includes detention facilities, jails, and prison; Home - includes board and care, foster or residential care, group or personal care homes, retirement communities, and homeless shelters; Home with home health services, self-care, or palliative care.
- **Hospice - Home:** Hospice in the home (or other Home setting as above in “Home”)
- **Hospice Health Care Facility:** Hospice - General Inpatient and Respite; Hospice - Residential and Skilled Facilities; Hospice - Other Health Care Facilities
- **Acute Care Facility:** Acute Short Term General and Critical Access Hospitals; Cancer and Children’s Hospitals; Department of Defense and Veterans Administration Hospitals
- **Other Health Care Facility:** Extended or Intermediate Care Facility (ECF/ICF); Long Term Acute Care Hospital (LTACH); Nursing Home or Facility including Veterans Administration Nursing Facility; Psychiatric Hospital or Psychiatric Unit of a Hospital; Rehabilitation Facility including inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital; Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed; Transitional Care Unit (TCU); Veterans Home.

34. On a scale of 1 to 5, approximately how often are your initial palliative care consults completed within the first 48 hours of a patient’s admission to the hospital? Please use your best judgement to identify how often your palliative care consults are completed within 48 hours from hospital admission.

- a. Never (0% of the time)
- b. Rarely (1-33% of the time)
- c. Sometimes (34- 66% of the time)
- d. Often (67-99% of the time)
- e. Always (100% of the time)

Please use your best judgement to identify how often your palliative care consults are completed within 48 hours from hospital admission.

35. On a scale of 1 to 5, approximately how often are your initial palliative care consults completed within 24 hours of the patients; referral to palliative care? Please use your best judgement to identify how often your palliative care consults are completed within 24 hours from the referral date to palliative care.

- a. Never (0% of the time)
- b. Rarely (1-33% of the time)
- c. Sometimes (34- 66% of the time)
- d. Often (67-99% of the time)
- e. Always (100% of the time)

Please use your best judgement to identify how often your palliative care consults are completed within 24 hours from the referral date to palliative care.

36. Select the top three funding sources for your palliative care program’s budget from the following list.
- a. Financial support from hospital or other organization (including salary stipends, not including philanthropy)
 - b. Fee for Service clinician billing (including Medicare Part B)
 - c. Bonus payments for quality measures
 - d. Subsidy from partner organizations
 - e. Financial contracts/service agreements with other providers or vendors (where you do not bill the payer directly- including value-based purchasing agreements)
 - f. Philanthropic and foundation support
 - g. Not funded
 - h. Other, specify: _____
- I cannot answer this question

Please select the top three funding sources for your palliative care program during the reporting period. If a funding source is not listed, please provide a description in the “Other, specify” option.

37. Approximately what percentage of your palliative care program budget comes from the following sources (should add to 100%)?
- a. Financial support from hospital or other organization (including salary stipends, not including philanthropy) _____%
 - b. Fee for Service clinician billing (including Medicare Part B) _____%
 - c. Bonus payments for quality measures _____%
 - d. Subsidy from partner organizations _____%
 - e. Financial contracts/service agreements with other providers or vendors (where you do not bill the payer directly- including value-based purchasing agreements) _____%
 - f. Philanthropic and foundation support _____%
 - g. Not funded _____%
 - h. Other, specify: _____%
- I cannot answer this question

Provide an approximate breakdown of your total program budget. The sum should equal 100%

III. Specialty Pediatric Palliative Care Section- Hospital Site Level

38. Please list the number of beds at this hospital that are dedicated to the following uses. If you cannot answer this question, please select “I cannot answer this question.”

Hospital Unit	Number of Dedicated Beds
a. Dedicated Pediatric Oncology Beds	_____
b. Pediatric Intensive Care Unit Beds	_____
c. Pediatric Cardiac Intensive Care Unit Beds	_____
d. Neonatal Intensive Care Unit Beds	_____
<input type="checkbox"/> I cannot answer this question	

39. Do you provide coverage to all of the hospital beds reported above?

- a. Yes, we provide coverage to all of the beds reported
- b. No, we have limited coverage due to insufficient staffing
- c. No, our program is designed to focus on specific high-need areas
- d. No, we have retracted our coverage are to prevent team burnout
- e. Other, please specify: _____

Please select the option(s) that best describes your pediatric palliative care program's operations during the reporting period. This question is specifically about dedicated oncology beds, pediatric intensive care unit beds, pediatric cardiac intensive care beds, and neonatal intensive care beds that were reported in the previous question. If none of the above responses fit your program, use the space provided in "Other."

40. In addition to inpatient palliative care consultation, what other services are offered for pediatric patients as part of your pediatric palliative care program? Check all that apply.
- a. Inpatient primary medical management
 - b. Inpatient hospice services
 - c. Consultative acute pain service
 - d. Chronic pain management program
 - e. Complementary medicine consult service
 - f. Home hospice visits
 - g. Home palliative care visits
 - h. Complex care services
 - i. Bereavement services
 - j. Other, please specify _____
 - k. None of the above

Please select the services that your palliative care program provides. The response can cover your palliative care program's work across the continuum and does not need to be limited to the inpatient setting.

41. For your pediatric palliative care patients receiving disease directed treatments yet meeting criteria for hospice admissions, is there resistance to the provision of concurrent care by available hospice?
- a. No
 - b. Yes

The Patient Protection and Affordable Care Act (PPACA) allows terminally ill children who are enrolled in a Medicaid or state Children's Health Insurance Plans (CHIP) hospice benefit to concurrently receive curative care related to their terminal health condition. Examples of resistance by available hospices may include refusal of services or enrollment based upon ongoing disease-directed medicines or technology

42. By formal procedure, does your program share the findings of pediatric palliative care consults with the child's primary care pediatrician?
- a. No
 - b. Yes

Does your palliative care program have a formal policy to share findings of pediatric palliative care consults with the child's primary care pediatrician? If your program occasionally shares findings but does not have a formal procedure to do so, please select "no."

43. Does your hospital have a room available for pediatric end-of- life care?

- a. No
- b. Yes

Does your hospital have specific private rooms that allow families to stay with their child at end of life? End-of-life care rooms allow patients and families to spend their last moments together.

IV. Specialty Palliative Care Unit Section- Hospital Site Level

44. Do you have a dedicated Inpatient Palliative Care Unit?*

- a. No
- b. Yes

An inpatient palliative care unit is a physically discrete, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.

45. How many beds did your inpatient palliative care unit have during the reporting period?

_____ Please provide the number of beds set up and staffed in the palliative care unit for the reporting period.

46. What is the total number of palliative care (non-hospice) admissions to the inpatient palliative care unit during the reporting period? _____

Provide the total number of non-hospice palliative care admissions to the inpatient unit during the reporting period.

47. Are any beds in the inpatient palliative care unit used as swing or dedicated hospice beds?

- a. No
- b. Yes

Some inpatient palliative care units have beds that can be used for swing or hospice. Please indicate if this is the case with your inpatient palliative care unit.

48. Are the disciplines (e.g., medicine, nursing, social work, and chaplaincy) represented on your inpatient palliative care unit team the same as those represented on your inpatient consultation service team?

- a. No
- b. Yes

Please indicate if the staffing for your consultation team is the same as the staffing for your inpatient palliative care unit.

49. Are your floor nurses dedicated to the inpatient palliative care unit? Please indicate if floor nurses are dedicated to the inpatient palliative care unit

- a. No
- b. Yes

Please indicate if floor nurses are dedicated to the inpatient palliative care unit.

50. In times of slow staffing, are your nurses floated to other units due to census variation?

- a. No
- b. Yes

Please indicate if inpatient palliative care unit nurses are floated to other units during times of low staffing due to census variation.

51. Do you have a formal policy guiding admission criteria to your inpatient palliative care unit?

- a. No
- b. Yes

Please indicate if your inpatient palliative care unit has a formal policy guiding admission criteria that determines which patients are admitted to the palliative care unit.

51A. If yes, which of the following admission policies does your palliative care unit have? (Check all that apply) Please indicate if your palliative care unit has any of the following included in the admission policy. If, for example, your palliative care unit accepts patients on vasopressors provided that they are capped and not being titrated, you would select “Yes, with limitations.”

<u>Admission Criteria</u>	<u>No</u>	<u>Yes</u>	<u>Yes, with limitations</u>
We require patients to have a DNR (do not resuscitate) order to be on the inpatient palliative care unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We accept patients on ventilators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We accept patients on dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We accept patients on vasopressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51B. If you answered “yes, with limitations” to any of the options is question 8A, please describe those limitations here:

V. Hospital Site Staffing

After completing and saving the staffing survey, please repeat the process by adding additional rows (i.e., surveys) for the other hospitals that are part of your palliative care program. Once all Hospital Setting surveys are completed, continue to the Community Setting Surveys, if applicable.

52. Name of your Hospital Site*: _____

You will select from a drop-down list of hospital sites associated with your account.

53. Which of these disciplines constitute your inpatient palliative care consult team at the site you indicted in question one? What is the head count (HC) and full-time equivalent (FTE) for each discipline?

	Head Count*	Total FTE*	Direct Patient Care FTE	Administrative or Non-Clinical Time FTE
Administrative Support, Assistant, or Data Analyst				
Administrator or Program Manager (Does not provide patient care)				

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Advanced Practice Registered Nurse (APRN includes NP, CNS, CRNA, CNM)				
Certified Nursing Assistant				
Chaplain or Spiritual Care				
Child Life Specialist				
Dietician or Nutritionist				
Licensed Practical or Vocational Nurse				
Massage Therapist				
Medical Assistant				
Music or Art Therapist				
Pharmacist				
Psychologist				
Physical or Occupational Therapist				
Physician (includes MD and DO)				
Physician Assistant				
Physician Fellow				
Registered Nurse				
Social Worker				
Speech Language Pathologist				
Other 1: _____				
Other 2: _____				
Other 3: _____				

For each professional discipline listed, provide the total number of individuals in that role (headcount) and then the breakdown of full-time equivalents (FTEs) of those individuals. **Staff numbers should represent staffing dedicated to the palliative care program in this specific setting or site and match the time period for which patient volume is being reported.**

Program staff can include funded positions, specific to the palliative care program, and non-funded positions (e.g., in-kind), who are paid for by another department or service line. Staff that are only used when you happen to be in that area (e.g., a social worker assigned to the ICU) would not need to be included. Volunteers should be excluded from this question. To calculate FTE for one person, divide the number of hours they work per week by 40 hours (if this is the standard work week). For example, if someone works 20 hours per week, then the calculation would be 20 hours / 40 hours = 0.5 FTE.

FTE Examples: A full-time palliative care program staff member represents 1.0 FTE, whereas a halftime team member would be 0.5 FTE. A palliative care team of 6 physicians where each physician works 25%, would be 6 headcount and 1.5 FTE. For programs that serve multiple locations: If a palliative care physician spends half her time in the inpatient setting and the other half of her time in the outpatient palliative care clinic, the table above for physician would be 1 Headcount and 0.5 FTE for time spent on the inpatient palliative care program.

For each staff member, breakdown their FTE based on how much time they spend in direct patient care vs. non-clinical roles (e.g., program administration, teaching, research). For example, if one nurse practitioner with 1.0 FTE sees patients four days a week, but spends one day per week administering the program or teaching, their FTE should be entered as 0.8 FTE direct patient care and 0.2 FTE administrative. For a physician who is also a medical director, they could put 0.8 direct patient care FTE and 0.2 administrative FTE for Physician.

Note: "Administrator or Program Manager (that does not provide patient care)" should be used for a staff or team member who administers the palliative care program, but does not provide direct patient care. If this person has a clinical background (e.g., social work, nursing), this role should still be selected if they are not providing patient care themselves.

54. Do any members of your palliative care team have certification in hospice and palliative care? If yes, provide the number (headcount) of staff members with palliative care certification.
- a. No
 - b. Yes

Staff certified in palliative care or palliative medicine can include physicians, advanced practice registered nurses, registered nurses, chaplains, or social workers. Include the following:

- **Physicians** board-certified in Hospice and Palliative Medicine by the American Board of Medical Specialties (ABMS).
- **Advanced Practice Nurse and Registered Nurses, Licensed Practical/Vocational Nurses, and Nursing Assistants** are board-certified by the Hospice and Palliative Credentialing Center (HPCC).
- **Chaplains** certified in hospice and palliative care by the Association of Professional Chaplains/Board of Chaplaincy Certification or the National Association of Professional Chaplains.
- **Social Workers** who are certified in Hospice and Palliative Social Work (CHP-SW) from the National Association of Social Workers (NASW). Social Workers may hold either a CHP-SW or be Advanced Certified in Hospice and Palliative Social Workers (ACHP-SW).

55A. If yes, provide the number (headcount) of staff members with palliative care certification.

<u>Title</u>	<u>Number (Headcount) of Staff Members</u>
a. Advanced Practice Registered Nurse	_____
b. Certified Nursing Assistants	_____
c. Chaplain or Spiritual Care	_____
d. Licensed Practical or Vocational Nurse	_____
e. Physician	_____
f. Registered Nurse	_____
g. Social Worker	_____

Staff certified in palliative care or palliative medicine can include physicians, advanced practice registered nurses, registered nurses, chaplains, or social workers. Include the following:

- **Physicians** board-certified in Hospice and Palliative Medicine by the American Board of Medical Specialties (ABMS).
- **Advanced Practice Nurse and Registered Nurses, Licensed Practical/Vocational Nurses, and Nursing Assistants** are board-certified by the Hospice and Palliative Credentialing Center (HPCC).
- **Chaplains** certified in hospice and palliative care by the Association of Professional Chaplains/Board of Chaplaincy Certification or the National Association of Professional Chaplains.

- **Social Workers** who are certified in Hospice and Palliative Social Work (CHP-SW) from the National Association of Social Workers (NASW). Social Workers may hold either a CHP-SW or be Advanced Certified in Hospice and Palliative Social Workers (ACHP-SW).